

Governmental Agency Membership Application

Thank you for becoming a Founding Member of the WEF SWI!

Governmental Agency Members are governmental agencies or governmental organizations that are not NPDES permit holders. Annual rates for Governmental Agency Members are based on level of government and will be billed according to your anniversary date. Founding Members (those who join in the first year) of the SWI may use this designation with pride to show your support and leadership in the stormwater field; and will be identified as such in WEF/SWI publications. Each Governmental Agency Member should identify one (1) Primary Contact and one (1) Alternate Contact who will be the recipients of information from the SWI, invitations to SWI events, and your conduit to the SWI. If either of the contacts change, please notify the SWI. Additionally we encourage you to fill out the Governmental Member Demographic Information section so that we may better plan and serve you – our SWI Founding Members!

Primary Contact Information			
First Name		Last Name	
Title		Organization Name	
Street or P.O. Box		City	
State/Province		Country	Postal Code
Business Phone	Mobile	E-mail	

Secondary Contact Information			
First Name		Last Name	
Title		Organization Name	
Street or P.O. Box		City	
State/Province		Country	Postal Code
Business Phone	Mobile	E-mail	

Demographic Information			
Type of Government Agency <i>Choose most appropriate</i> <input type="checkbox"/> Local <input type="checkbox"/> State/Province <input type="checkbox"/> Regional <input type="checkbox"/> National Please identify _____ <input type="checkbox"/> International <input type="checkbox"/> Quasi-Governmental	Area(s) of Influence <i>Check all that apply</i> <input type="checkbox"/> Individuals <input type="checkbox"/> Municipalities <input type="checkbox"/> Businesses <input type="checkbox"/> Industry <input type="checkbox"/> Agriculture <input type="checkbox"/> Elected officials <input type="checkbox"/> Educational Institutions	What are the top Stormwater Issues <i>Rank top 3</i> <input type="checkbox"/> Flooding <input type="checkbox"/> BMP Management <input type="checkbox"/> Nutrients <input type="checkbox"/> Agriculture Runoff <input type="checkbox"/> Sediment <input type="checkbox"/> Bacteria <input type="checkbox"/> TMDLs <input type="checkbox"/> Public Engagement/ Participation <input type="checkbox"/> Aging Infrastructure <input type="checkbox"/> Stream Restoration <input type="checkbox"/> Funding <input type="checkbox"/> Other _____	Area(s) of Focus <i>Check all that apply</i> <input type="checkbox"/> Policy Development <input type="checkbox"/> Engineering <input type="checkbox"/> Outreach/ Communication <input type="checkbox"/> Regulatory Oversight <input type="checkbox"/> Maintenance <input type="checkbox"/> Compliance <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Conservation <input type="checkbox"/> Inspection <input type="checkbox"/> Planning <input type="checkbox"/> Watersheds <input type="checkbox"/> Monitoring <input type="checkbox"/> Research <input type="checkbox"/> Water Quality <input type="checkbox"/> Laboratory <input type="checkbox"/> Training/Educations <input type="checkbox"/> Land Use <input type="checkbox"/> Certification <input type="checkbox"/> Natural Sciences <input type="checkbox"/> Pollution Prevention <input type="checkbox"/> Green Infrastructure

Governmental Agency Member Rates	
Level of Government	Annual Rate
<input type="checkbox"/> Local	\$1,500
<input type="checkbox"/> State/Regional	\$3,000
<input type="checkbox"/> Federal	\$7,500

Please enter amount in Payment section.

For more information

Chris French
 Director, SWI
 CFrench@wef.org
 703-684-2400
 Ext. 2423

Marlou Gregory
 Sr. Advisor, SWI
 MGregory@wef.org
 703-684-2400
 Ext. 2460

Mail Form & Payment to:
 Stormwater Institute
 Attn: SWI Membership
 c/o Water Environment Federation
 601 Wythe Street, Alexandria, VA 22314

Payment		Forms received without payment will not be processed		Federal Tax ID #: 53-0225129	
<input type="checkbox"/> Check	Check No.				
<input type="checkbox"/> Credit Card	<input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA				
Card Number	Exp Date	CVV			
Name on Card					
Billing Address					
City	State/Province				
Country	Postal Code				
Signature					TOTAL \$
<i>I authorize WEF to charge my credit card for the amount indicated.</i>					

Approval	
Signature <i>(Signature required for all applications)</i>	Date